Ohio Department of Job and Family Services

# APPLICATION FOR CHILD CARE BENEFITS

**If you are working, in training or in school, you may be able to have part of your child care costs paid by the county department of job and family services. Your eligibility will be based on your monthly gross income and your family size. You will have to pay a part of the cost of the child care each month.**

**For your application to be complete you must submit current documentation of 30 days of ALL sources of income for ALL members of your household like wages, bonuses, tips, retirement benefits, unemployment compensation, interest, dividends, alimony, child support received, OWF benefits, and income from self employment. In addition, your need for the requested hou of child care must also be documented. This application must be signed and dated.**

☐ **Initial** ☐ **Re-determination**

**Section I APPLICANT AND INCOME INFORMATION**

| | | | |
|---|---|---|---|
| Name of applicant (last, first, middle) | | | Maiden or previous married name(s) |
| Date of birth (month, day, year) | | | Social security number* |
| Home telephone number | Work telephone number | | Cell phone number |
| Residential address (street and number required) | City | State | Zip code |
| Mailing address (if different from above) | | | |
| County | Emergency contact (name and telephone) | | |

Marital status
☐ Married
☐ Separated
☐ Divorced
☐ Not Married

List the name(s) of any absent parent(s):

Have you ever received benefits administered by any county department of job and family services?
☐ Yes ☐ No

If yes, when did you receive these benefits?

If yes, what type and what is your case number?
☐ Food Stamps ☐ Child Care
☐ Medicaid ☐ PRC
☐ OWF

Case number

Race (show "Y" or "N" for each group)

| Y | N | |
|---|---|---|
| ☐ | ☐ | African American/Black |
| ☐ | ☐ | Alaskan Native/American Indian |
| ☐ | ☐ | Asian |
| ☐ | ☐ | Native Hawaiian/Pacific Islander |
| ☐ | ☐ | White |

Ethnicity (show "Y" or "N")
☐ ☐ Hispanic/Latino

Language spoken other than English?

Do you have a two-year or four-year college degree?
☐ Yes ☐ No

Name of school and degree earned

Graduation date

Do you have any college credit hours?
☐ Yes ☐ No

If yes, how many?

Have you had any vocational training?
☐ Yes ☐ No
If yes, what is the area of training?

*The social security number is optional and will be used for the administration of Ohio's publicly funded child care program.

How many children need child care?

Is there an adult (18 years or older) who lives with you who could care for your child(ren) while you work, go to school or training? ☐ Yes ☐ No If yes, give the name of that person here

How is this person related to you (mother, sister, husband, friend, etc.)?

Do you receive any child support? ☐ Yes ☐ No If yes, list each child you receive support and for and the amount p month.

Do you pay any child support for a child not in your care? ☐ Yes ☐ No If yes, how much per month?

Do you receive any income from sources such as Social Security (SSA or SSI), unemployment benefits, disability benefits, worker compensation, retirement/pension benefits, rental income? ☐ Yes ☐ No If yes, identify source and the monthly amount _____

## Section II APPLICANT'S NEED FOR SERVICES

### Applicant's Employment

| Name and Address of Employer | Start Date | Rate of Pay | How often paid |
|---|---|---|---|
| | | | |
| **Supervisor's Name** | | | **Phone Number** |
| | | | |

| **Days of Work** *(Check all that apply)* | **Hours of Work** | |
|---|---|---|
| ☐ Monday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Tuesday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Wednesday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Thursday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Friday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Saturday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Sunday | Begin _____ End _____ | Begin _____ End _____ |

### Applicant's Schooling

| Name and Address of School | Start Date |
|---|---|
| | |
| **Contact Person** | **Phone Number** |
| | |

| **Days of Schooling** *(Check all that apply)* | **Hours of Schooling** | |
|---|---|---|
| ☐ Monday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Tuesday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Wednesday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Thursday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Friday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Saturday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Sunday | Begin _____ End _____ | Begin _____ End _____ |

Estimated date of graduation

| Applicant's Vocational Training | |
|---|---|
| Name and Address of Training Location | Start Date |
| Contact Person | Phone Number |

| Days of Training *(Check all that apply)* | Hours of Training | |
|---|---|---|
| ☐ Monday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Tuesday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Wednesday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Thursday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Friday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Saturday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Sunday | Begin _____ End _____ | Begin _____ End _____ |

Estimated date training will be completed

**Section III HOUSEHOLD COMPOSITION**

How many people live in your house? _____ List yourself and all people who live with you, include all children, even those children that do not need child care.

| Name | Relationship to you | Date of Birth | Sex M/F | Social Security Number * | Work Y or No | Training Y or N | Schooling Y or N |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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| Second Caregiver's Employment | | | |
|---|---|---|---|
| Name and Address of Employer | Start Date | Rate of Pay | How often paid |
| Supervisor's Name | | Phone Number | |

| Days of Work *(Check all that apply)* | Hours of Work | |
|---|---|---|
| ☐ Monday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Tuesday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Wednesday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Thursday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Friday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Saturday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Sunday | Begin _____ End _____ | Begin _____ End _____ |

| Second Caregiver's Schooling | |
|---|---|
| Name of School | Start Date |
| Contact Person | Phone Number |

| Days of School *(Check all that apply)* | Hours of School | |
|---|---|---|
| ☐ Monday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Tuesday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Wednesday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Thursday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Friday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Saturday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Sunday | Begin _____ End _____ | Begin _____ End _____ |

| Second Caregiver's Vocational Training | |
|---|---|
| Name of Vocational Training Provider | Start Date |
| Contact Person | Phone Number |

| Days of Training *(Check all that apply)* | Hours of Training | |
|---|---|---|
| ☐ Monday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Tuesday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Wednesday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Thursday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Friday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Saturday | Begin _____ End _____ | Begin _____ End _____ |
| ☐ Sunday | Begin _____ End _____ | Begin _____ End _____ |

## Section IV WHO NEEDS CHILD CARE?

***Complete one page for EACH child who needs child care***

1. Child's name

Is Child In School? ☐ Yes ☐ No | Grade

From _____ to _____ = _____ (hrs.)

Name of school

**Race**
*(mark "Y" or "N" for EACH group)*

| Y | N | |
|---|---|---|
| ☐ | ☐ | African American/Black |
| ☐ | ☐ | Alaskan Native/American Indian |
| ☐ | ☐ | Asian |
| ☐ | ☐ | Native Hawaiian/Pacific Islander |
| ☐ | ☐ | White |

**Ethnicity**
*(show "Y" or N")*

Hispanic/Latino

| Y | N |
|---|---|
| ☐ | ☐ |

Does child need transportation to/from school? ☐ Yes ☐ No

Does your child have any special needs? If so please describe

Indicate your provider choice for each day and set of hours of requested care . If you are using only one provider for all requested times of care you may indicate this one time. You must be clear as to which provider you are requesting for each day and time.

**Name and Address of Provider for Child #1:**

Monday From _____ To _____ _____

From _____ To _____ _____

Tuesday From _____ To _____ _____

From _____ To _____ _____

Wednesday From _____ To _____ _____

From _____ To _____ _____

Thursday From _____ To _____ _____

From _____ To _____ _____

Friday From _____ To _____ _____

From _____ To _____ _____

Saturday From _____ To _____ _____

From _____ To _____ _____

Sunday From _____ To _____ _____

From _____ To _____ _____

| 2. Child's name | | Race<br>*(mark "Y" or "N" for EACH group)*<br>Y N<br>☐ ☐ African American/Black<br>☐ ☐ Alaskan Native/American Indian<br>☐ ☐ Asian<br>☐ ☐ Native Hawaiian/Pacific Islander<br>☐ ☐ White | Ethnicity<br>*(show "Y" or N")*<br>Hispanic/Latino<br>Y N<br>☐ ☐ |
|---|---|---|---|
| Is child in school? ☐ Yes ☐ No | Grade | | |
| From _____ to _____ = _____ (hrs.) | | | |
| Name of school | | | |

Does child need transportation to/from school? ☐ Yes ☐ No

Does your child have any special needs? If so please describe:

Indicate your provider choice for each day and set of hours of requested care,. If you are using only one provider for all requested times of care you may indicate this one time. You must be clear as to which provider you are requesting for each day and time.

**Name and Address of Provider for Child #2:**

| | | | |
|---|---|---|---|
| Monday | From | To | _____ |
| | From | To | _____ |
| Tuesday | From | To | _____ |
| | From | To | _____ |
| Wednesday | From | To | _____ |
| | From | To | _____ |
| Thursday | From | To | _____ |
| | From | To | _____ |
| Friday | From | To | _____ |
| | From | To | _____ |
| Saturday | From | To | _____ |
| | From | To | _____ |
| Sunday | From | To | _____ |
| | From | To | _____ |

| 3. Child's name | | Race (mark "Y" or "N" for EACH group) | Ethnicity (show "Y" or "N") |
|---|---|---|---|
| Is child in school? ☐ Yes ☐ No | Grade | Y N<br>☐ ☐ African American/Black<br>☐ ☐ Alaskan Native/American Indian<br>☐ ☐ Asian<br>☐ ☐ Native Hawaiian/Pacific Islander<br>☐ ☐ White | Hispanic/Latino<br>Y N<br>☐ ☐ |
| From _____ to _____ = _____ (hrs.) | | | |
| Name of school | | | |

Does your child need transportation to/from school? ☐ Yes ☐ No

Does your child have any special needs? If so please describe:

Indicate your provider choice for each day and set of hours of requested care. If you are using only one provider for all requested times of care you may indicate this one time. You must be clear as to which provider you are requesting for each day and time.

**Name and Address of Provider for Child #3:**

| | | |
|---|---|---|
| Monday | From _____ To _____ | _____ |
| | From _____ To _____ | _____ |
| Tuesday | From _____ To _____ | _____ |
| | From _____ To _____ | _____ |
| Wednesday | From _____ To _____ | _____ |
| | From _____ To _____ | _____ |
| Thursday | From _____ To _____ | _____ |
| | From _____ To _____ | _____ |
| Friday | From _____ To _____ | _____ |
| | From _____ To _____ | _____ |
| Saturday | From _____ To _____ | _____ |
| | From _____ To _____ | _____ |
| Sunday | From _____ To _____ | _____ |
| | From _____ To _____ | _____ |

| 4. Child's name | | Race (mark "Y" or "N" for EACH group) | Ethnicity (show "Y" or "N") |
|---|---|---|---|
| Is child in school? ☐ Yes ☐ No | Grade | Y N<br>☐ ☐ African American/Black<br>☐ ☐ Alaskan Native/American Indian<br>☐ ☐ Asian<br>☐ ☐ Native Hawaiian/Pacific Islander<br>☐ ☐ White | Hispanic/Latino<br>Y N<br>☐ ☐ |
| From _____ to _____ = _____ (hrs.) | | | |
| Name of school | | | |

Does child need transportation to/from school? ☐ Yes ☐ No

Does your child have any special needs? If so please describe:

Indicate your provider choice for each day and set of hours of requested care, . If you are using only one provider for all requested times of care you may indicate this one time. You must be clear as to which provider you are requesting for each day and time.

**Name and Address of Provider for Child #4:**

| | | |
|---|---|---|
| Monday | From _____ To _____ | _____ |
| | From _____ To _____ | _____ |
| Tuesday | From _____ To _____ | _____ |
| | From _____ To _____ | _____ |
| Wednesday | From _____ To _____ | _____ |
| | From _____ To _____ | _____ |
| Thursday | From _____ To _____ | _____ |
| | From _____ To _____ | _____ |
| Friday | From _____ To _____ | _____ |
| | From _____ To _____ | _____ |
| Saturday | From _____ To _____ | _____ |
| | From _____ To _____ | _____ |
| Sunday | From _____ To _____ | _____ |
| | From _____ To _____ | _____ |

5. Child's name

Is child in school? ☐ Yes ☐ No | Grade

From _____ to _____ = _____ (hrs.)

Name of school

**Race**
*(mark "Y" or "N" for EACH group)*

| Y | N | |
|---|---|---|
| ☐ | ☐ | African American/Black |
| ☐ | ☐ | Alaskan Native/American Indian |
| ☐ | ☐ | Asian |
| ☐ | ☐ | Native Hawaiian/Pacific Islander |
| ☐ | ☐ | White |

**Ethnicity**
*(show "Y" or "N")*

Hispanic/Latino

| Y | N |
|---|---|
| ☐ | ☐ |

Does child need transportation to/from school? ☐ Yes ☐ No

Does your child have any special needs? If so please describe:

Indicate your provider choice for each day and set of hours of requested care. If you are using only one provider for all requested times of care you may indicate this one time. You must be clear as to which provider you are requesting for each day and time.

**Name and Address of Provider for Child #5:**

Monday From _____ To _____ _____

From _____ To _____ _____

Tuesday From _____ To _____ _____

From _____ To _____ _____

Wednesday From _____ To _____ _____

From _____ To _____ _____

Thursday From _____ To _____ _____

From _____ To _____ _____

Friday From _____ To _____ _____

From _____ To _____ _____

Saturday From _____ To _____ _____

From _____ To _____ _____

Sunday From _____ To _____ _____

From _____ To _____ _____

## YOUR RIGHTS AND RESPONSIBILITIES FOR CHILD CARE BENEFITS

Eligibility for child care benefits shall be established after this form, JFS 01138 "Child Care Application" is completed and submitted to the county department of Job and Family Services (CDJFS) in the county where you reside. Eligibility for child care benefits will be determined within 30 days from the date the CDJFS receives your application. You must complete the application process and submit all supporting documentation. If your application is approved and you are eligible for child care benefits, the CDJFS may pay for child care services provided from the date the CDJFS received your application. If your application is denied, you will be responsible for payments to any child care provider whose services you have used since the date the CDJFS received your application.

Your eligibility and the amount of your copayment are determined based on your family size, monthly income, participation in employment/training/education, and documentation of a child's protective services case plan. Child care can be provided only for children under the age of 13, or under the age of 18 if eligible for special needs or protective child care.

You are responsible for giving complete and accurate information about yourself and members of your family. You must submit a written application and all necessary documentation, including verification of income and hours of employment and/or training. Sources of income may include salary, wages, tips, commissions, bonuses, retirement benefits, social security benefits, unemployment compensation, workers' compensation, interest, dividends, alimony, child support, Ohio Works First (OWF) cash assistance and income from self-employment. Every six months the CDJFS is required to complete a review of your case which may result in a change in your child care benefits.

You must use child care only for those children who are eligible for and only during hours and days that are authorized by the CDJFS. Child care is to be used only during hours of employment/training/education, with allowances for travel time, and other special circumstances approved by the CDJFS.

**You must report to the CDJFS any change which affects your child care eligibility, including a change in family income, a change in hours of employment/training/education, a change in family size, a change in the ages of your children and a change of address. Such changes shall be reported within TEN DAYS of the date the change occurs. Child care fraud is the intentional withholding or falsification of information or misuse of child care services. Failure to meet this reporting requirement may be considered fraud and may result in the following: 1) repayment of child care benefits which you received but for which you were not eligible; 2) termination or denial of child care benefits; or 3) penalty of fine and/or imprisonment if convicted of fraudulently receiving child care benefits for which you were not eligible.**

As a condition of eligibility, you must pay your required monthly child care copayment to the provider. Failure to pay the copayment may result in the termination of your child care benefits. You will lose your child care benefits if your monthly copayment exceeds the monthly cost of care for the month, or you do not use child care services for 31 consecutive days.

You must sign your child care provider's attendance roster verifying the hours and days of care that were provided during each billing period. You may be required to pay the provider for absent days which exceed ten days per child for each six month period that the child is in care. Each six month period shall be January 1 through June 30 and July 1 through December 31 of each year. Failure to pay the provider for absent days which exceed ten days per child for each six month period may result in the termination of care by the provider.

You must complete and provide a copy of your child's health record to the child care provider by the first day of attendance. Your child must be immunized as required by the Ohio Department of Health. Child care cannot be provided when there is a caretaker in the home who is capable of caring for the child. A statement from a doctor is necessary to verify when a caretaker is not capable of providing care.

Failure to repay the CDJFS in full for a child care overpayment that was determined to be fraud, or failure to enter into or comply with an agreement with the CDJFS to repay a child care overpayment caused by your error or agency error, shall result in the termination of child care benefits. Ineligibility for child care benefits shall continue as long as: **1)** repayment of a child care overpayment is owed to the CDJFS as a result of fraud; or **2)** you fail to enter into or comply with an agreement with the CDJFS to repay a child care overpayment caused by your error or agency error.

You have a right to an informal conference with your CDJFS. If a mistake has been made, it can be corrected. If you are not satisfied with the result of your county conference, you can still have a state hearing. You will be given the JFS 04059 "Explanation of State Hearing Procedures" with this application. Read it carefully to understand your hearing rights and the hearing process.

You have a right to a state hearing before the Ohio Department of Job and Family Services if: **1)** your application is denied but you believe you are eligible; **2)** you are not told in writing within 30 days of the date you hand in your application whether or not you are eligible for child care benefits; **3)** you do not agree with the type or amount of your benefits; **4)** you are not told in writing the reason your benefits are to change; **5)** you disagree with any action taken by the county. **For a complete explanation of your right to a state hearing and the way to request a state hearing, see form JFS 04059 that you received with this application.**

**Please read the following and sign below if you agree.**

I understand that this application will be considered without regard to race, color, ancestry, sex, age, handicap, religion or national origin. I affirm that to the best of my knowledge and belief the answers on this application are complete and correct. I understand the law provides penalty of fine or imprisonment, or both, for anyone convicted of accepting assistance for which he or she is not eligible. I state under penalty of perjury that all information is true and complete to the best of my knowledge.

To file a discrimination complaint, write or call the Ohio Department of Job and Family Services at ODJFS - Bureau of Civil Rights, Director, Office of Civil Rights, 30 E. Broad St., 37th Floor, Room 506-F Columbus, OH 43215, (614) 644-2703 (voice), 1-866-227-6353 (voice - toll free), Fax: (614) 752-6381. Or write or call the federal department of Health and Human Services at HHS-Office of Civil Rights, 200 Independence Ave. SW, Washington, D.C. 20201, (202) 619-0403 (voice), 1-866-221-6700 (TTY), (202) 619-3257 (TDD).

I received a copy of and I have read my rights and responsibilities and I understand them. I agree to fulfill my responsibilities as described. I give my consent to the agency to make whatever contacts are necessary to determine my eligibility for assistance and to verify the information I have given in this application. I understand that my signature below gives the CDJFS permission to access available information in the Support Enforcement Tracking System (SETS) to verify my child support income

I have received a complete explanation regarding the requirements for determining eligibility, the reasons why I may not be eligible, my right to a state hearing, my responsibility for reporting changes to the CDJFS and the penalty, including possible civil action or criminal prosecution, for the intentional withholding or falsification of information or misuse of child care benefits.

| Signature of Applicant | Date |
|---|---|
| Signature of Person Who Helped Complete This Application | Date |

**Please note: Applicant is to receive a copy of the rights and responsibilities section of this application.**